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ABSTRACT

One of 52 theoretical papers on school crime and its relation to poverty, this chapter describes the Childcare Apprenticeship Program at a special day school for 50 adolescents operating under the auspices of the Harvard Graduate School of Education. The program is a three-year, cross-age experiment that paired troubled adolescents and children from deprived neighborhoods. The theoretical focus of the program was empathy--the encouraging of empathic responding between adolescent and child as a "double-benefit" experience for both. The program has established the preventative value of cross-age childcare as a means of increasing self-esteem, feelings of competence, and empathy for others in formerly delinquent or disturbed youth. (Author/MLF)

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ALTERNATIVE SCHOOL: BIG LESSONS FROM A SMALL PLACE

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A paper from
"Theoretical Perspectives on School Crime"

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ABSTRACT

For a high-school-age population where school and street crime is commonplace, a unique, publicly supported private school resumes the education of some students whose behavior had caused exclusion from public schools. This "special needs" model requires special teachers who have developed several innovations with potential application elsewhere. One which addresses the question "Can 'bad' kids do good?" is the Childcare Apprenticeship Program, a three-year, cross-age experiment which paired troubled adolescents and children from deprived neighborhoods. The theoretical focus of the Program was empathy---the encouraging of empathic responding between adolescent and child as a "double-benefit" experience for both.

Part One

Introduction

As this is written, a frustrated American society is hardening its attitudes towards criminal behavior, turning against parole and work=release programs, and even separate systems of judgment and punishment for juvenile offenders. This means we can expect less tolerance and more discipline, successful or not in the schools.

The amount of crime committed by schoolchildren is horrendous: last year schoolchildren were reported to have committed 100 murders, 12,000 armed robberies, 9,000 rapes, 204,000 aggravated assaults against teachers and fellow students, 270,000 school burglaries, and the vandalizing of $600,000,000 worth of school property. While it would be foolish to try to justify or excuse such a record, there is a great deal to be said for trying to understand. We can understand that crime in the schools is largely a reflection, and a pale one, of crime in the general society. Second, we can understand that much of this school crime is reaction, a form of countercrime. What it counters or at least reacts to, is crime <u>against</u> the children---by the schools, the families, and the communities.

This is not to defend young criminals as "innocent victims." School age is not the age of innocence; the theory of prior victimization has worn thin in the past decade which has seen a political premium attended the status of the victim, and where many chose to proclaim themselves victims. Even the antidote of "blaming the victim" has reached its balance as a corrective, since the same argument of faulty socialization can be turned to the defense of oppressive police, greedy landlords, neglectful parents, their neglectful parents, ad infinitum. We do not deny the reality of pain and oppression. We know that, in spite of its subjectivity, pain is suffered more by some than by others, and that deprivation and injustice are systematically visited upon the poor far more than upon the rich and powerful. Our focus is not on whom to blame but how to repair.

Our Setting

Our work was done in an "alternative school." [1] It is a special day school for 50 adolescents, aged 11-19, operating in a wing of the Erich Lindemann Community Mental Health Center under the auspices of

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1 Supported by federal funds from NIMH; by the Commonwealth of Massachusetts through Department of Public Welfare, Department of Special Education, Division of Youth Services, Boston School Committee, and Mayor's Committee on Safe Streets (LEAA).

the Harvard Graduate School of Education. A question rightly arises: are findings and recommendations from such a school relevant to larger, conventional educational systems? In partice, no-not unless those systems are dismantled and reorganized. But in principle, yes-what we learn can be extracted and exported to anywhere there is willingness to put resources to hard use.

Our work is in a situation social scientists call "the privileged case." When early anthropologists hoped to find the origins of language, or of religion, for example, they looked for the most ancient and primitive peoples. To the genetic psychologist, the study of infancy or early childhood is the "privileged case," on the assumption that what is discovered in simplest form can lead to more sophisticated and complex understandings in later development. Our claims for the validity and relevance of "privileged case" methods are that, if we can find ways to turn <u>these</u> lives around, there is hope for most other children.

Children? In some ways. One might see the knife-wielding veteran of gang fights sucking on a baby bottle in the hallway (and no one dares make fun of her), or an arsonist with the build of Muhammad Ali sucking his thumb or crying in a tantrum. In other ways experience has made them old before their time, and it does them a

grave indignity to call them children. Youths? A media term, supposedly respectful, but a euphemism. We call them "our kids." If this phrase sounds possessive, it is because that we do want them, and if it sounds affectionate, you have grasped some of the essence of our method. There is not one pupil not thought to be loveable by someone of the staff, and there are often deep and lasting friendships that continue after both student and teacher have left the school.

Our Population

One meaning of the term "privileged case" surely does not apply. These students, in conventional terms, are underprivileged. They are poor. At least 90 percent are from families on welfare. Seldom are their families intact. Often the father is absent. Sometimes there is no family, and the student resides in a group home or with a foster parent. Occasionally, until we discover and rectify it, our kid is sleeping in whatever shelter the streets afford. Those with permament residences typically live in public housing projects. Their communities are economically ranked as the lowest in the Boston region.

All of our students have already been excluded from public schools. On the average, they are four grade levels behind their age norms. Most are court-related,

many are court-referred. Crime and violence and sickness are routine. They have seen beatings, shootings, and knifings first hand. The majority have lost a sibling through early childhood accident or disease. By age 14, one or two abortions or other sex-related traumas are commonplace. Some have seen a parent killed. Occasionally one comes to school still tense with terror after witnessing an assault or killing. Some have participated. One boy, at the age of 11, shot another. This school has a file cabinet full of knives, hatchets, chains, machetes, brass knuckles, and the like, which have been surrendered to teachers. Once in a while, weapons have been returned to a student at schoolday's end, if he or she feels unsafe traveling unarmed. These students, who live in parts of Boston now infamous for difficulties with busing and desegregation, come on public transportation (with tickets provided by the school), voluntarily and alone or in small groups. One quarter are Black, the rest white. On days when police and mobs make travel difficult, our kids get through, too late for breakfast but in time for lunch.

Though each is unique, there are some common general characteristics: they are tough, and they are scared. Upon coming to the school, each is assigned an advisor-a teacher/counselor (all staff members serve both functions) whose first effort is to form a friendly

and humane relationship. The tone of this first relationship gradually extends to other teachers and other students. Everything from academic success to moral development depends upon and stems from the quality of these relations. It is hard for an outsider to imagine our teacher's dedication and the intensity of their efforts. Our kids call at any hour, any day or night. It may be a girl trapped in a bar, or a call (collect) from a runaway in another state, or a medical emergency or an arrest. Members of the staff, in rotation, are explicitly on call nights and weekends to ensure that help is always available. This commitment to our kids is a given, an expectation we have of ourselves. It grew from our experience of their need in the first months of the school and now seems a completely natural part of the job. This caring service is the first and possibly the most effective remedy to the crime-breeding combination of toughness and fear.

Characteristically, arriving students have no confidence in the future. They look for immediate gratification. They know that tomorrow may never come. They expect never to have children, partly because "the world is a rotten place" and partly because they cannot envision a future. They have a dread of growing

old. In their environments, middle age means ruin: false teeth, lined faces, bodies obese or gaunt, varicose veins, bent posture. Fearing to grow old, they hesitate to grow up.

How do we give these young people a stake in the future? In the short term, we start by learning with them to live a week rather than a day at a time. We begin with a novel approach-paying kids to go to class! For each class attended the teacher gives a voucher worth 50¢; a full week's attendence can bring $10.00. If we were operating on a "token economy" behavioral-modification system, we would pay off immediately, but instead, pay day comes only at the end of each five day week. Thus students, like working adults, learn to wait. It is a useful amount they can bank and save, and many do, building a sense of security and looking toward a future at least as far away as Christmas.

They are paid by check. In order to cash or deposit their checks at the bank, they have to write an endorsement. For some, it is the first time they write at all. Quite an experience-to struggle to give a visual sign of your very identity, to keep those last few letters from running off the edge of the check, to have the sense of rightful recognition from the cashier.

Beyond these purposes is that of providing a le-

gitimate source of income, which considerably reduces stealing. To further that effect, the students are paid the legal minimum wage for various service jobs within the school: lunchroom service and cleanup, clerical work, painting walls, polishing floors, removing trash. They do it all, and receive as much as $17.50 a week. This helps them learn the possibility of being self-supporting. It does not condition them to menial work forever. (Many choose to go to college, or to study in the Army as a medical technician, or apprentice in an electronics or nurses training program, etc.)

While explaining why this special school experiments in paying students to work and study, it is worth explaining how. The administration schedules roughly 20% of the budget each year for direct services and payments to students. When we have our full complement of 50 students, the 20% for direct student services (which includes the costs of breakfast, lunch, and transportation) is about $60,000 of a $300,000 budget. We have no compunction about returning that portion of public funds to a part of the impoverished population. Indeed, as social critics point out, it would be a form of school crime to make profits out of a "poverty program." Roughly 67% of the budget goes to salaries (lower than those of teachers in the public schools), and the remaining 13% of the budget is for

equipment and support. Thus it costs about $6,000 per pupil each year. (The school has a summer program, partly because life goes on after the obsolete, agriculturally dictated school season ends, and partly because summer produces more trouble in the streets.) This is a little less than three times the per-pupil cost of the Boston public school[2] (not counting the large "unusual" costs of busing and police overtime). Whether or not that cost is justified is always open to question. Let us say that a conventional school, for a third the per-pupil cost, has a 1:32 teacher/student ratio. For three times that much, we provide a 1:4 ratio, offering at least eight times the amount of attention. Once the atmosphere and principle of close attention is established, the multiple psychologically increases beyond the statistical quotient to approximate the one-to-one ratio these children often need.

A third common characteristic is that our kids arrive with a grave lack of any sense of their own competence. Part II of this article will describe a particular method of attempting to develop a particular competence. For the moment, suffice it to say that we

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2 One wonders how better that money might be applied to the education of such a child. We have given thought to it. The legal diversion of the money is impossible, and the methods and effects of paying a welfare family whose child might again be excluded from public school is both complex and doubtful.

strive in every way to find any source of competence. It may be the ability to sing, draw, paint, lift weights, run backwards, take care of animals, make jokes, keep a secret, cook, love--anything positive. We can then move from these areas of ability into areas of disability---no new idea, that.

And our kids are in many ways disabled. Not only do they lose teeth, hearing, vision, through injury and neglect, and suffer emotional abuse, but they are intellectually disabled in the most frustrating and unnecessary ways. Most of our kids are of normal, average intelligence, and some are considerably above. Any of them could learn to read. Imagine how it feels to be 17 and unable to read the word "Stop" except for the shape of the street sign, yet smart enough to have concealed this inability from most teachers and peers for several years. Imagine how it feels to open a menu and to see it as if it were in a foreign language. It is like being stricked blind, but more humiliating. The sense of incompetence is so great and so painful that it tends to generalize. That is why we struggle to find its antidote.

The second reason we fear lack of a sense of competence is that it leads directly to boredom. The kid who "can't do nothing right" is a good bet for criminal behavior seeking some excitement, some success, even if it is no more creative than breaking a window.

Breaking a window probably qualifies as an act of

violence. It is sudden, decisive, destructive, and if it is a $500 plate of glass, costly. A personal equivalent might be a punch in the nose. We call the latter "hard violence," and we see a lot of it. Our students characteristically live where hard violence is a way of life. More than that, less obvious and less avoidable, is the constant presence of "soft violence." Cockroaches and rodents are an ever-present form of soft violence, as are noise and overcrowding, falling plaster, dripping pipes, cold radiators, rotting teeth, schools that do not teach and do not care, emergency wards run by overworked, underexperienced medical staff.

We have learned that soft violence---chronic, low-intensity, but continous---most often precedes and explains those outbursts we call hard violence. Soft violence is an invisible but constant form of child abuse. Society fully understands the pain and rage of the father who carries his infant, dead of rat bites, to City Hall and says, "Who do I kill?" What it does not accept nearly so well is that a killing rage is also justified before the infant's death. We have learned to be highly conscious of that less dramatic soft violence (the broken windows in the housing project, for instance, letting in flies or snow, that make the broken windows in the schools seem not so "deviant") to show understanding of the way soft experiences lead to what some call "acting-out." Not that we counsel "acting-in", i.e., a grin-and-bear-it attitude.

To make people fully conscious of the soft violence in their lives removes their apathy, and moves them and us to try to correct those conditions, rather than to waste our energies in useless explosions of displaced aggression.

There are many more things to be said about our kids. Almost all these children wonder at some point, secretly or openly, "Was I wanted? Was I meant to be born? We wonder too. They surely receive mixed messages. Do their families want them? A considerable proportion of parents of teenagers say, "If I had to do it over again, I wouldn't." Does the community want them? Then why are they kicked out so often? Are they of any value to the world? That question is moot. If no one wants them, birth is the beginning of an indeterminate sentence. That is why we sincerely and genuinely demonstrate that we want them. It is a matter of the deepest significance: how many of us are on this earth because those who gave us life did so responsibly? Now that other taboo subjects such as death and homosexuality are discussed, perhaps we can ask this thorny question? Not in an attempt to fix blame, but because these subjective feelings of having been born casually, adventitiously, or even against parents' will might be founded in reality. Then our kids can decide whether they can love their own lives. Meanwhile, we on the staff love them.

The Staff

Ours is a small school. That alone makes it a special

school, and it has to have a special staff. Perhaps it can have such a special staff only if it is small. John Pittenger (1977) and others have pointed out that schools are not factories, nor warehouses, and should not pursue corporation techniques of "efficient" centralized administration. Then how big should the school be? We recommend functional criteria, not any specific population or student/teacher ratio. A hospital ward should only be that big that the supervising physician knows the name and face of every patient. The number varies with the memory and attention span of the physician. Our principal knows the names of every student, knows their families or surrogates, their friends, social workers, Probation Officers. Every staff member knows all these well, and intimately knows the community of his or her advisees, either from regular visits or by living there. When they can't maintain such knowledge, the school is too big.

The ideology of this system might be called "emotional communism." It is not enough to share our dollars. Most good citizens are willing to do that, and unavoidably do so through taxation-supported welfare. For us, it is necessary to share our lives, time, energy, living space. Some teachers have taken temporarily homeless students to live with them for as long as three months. Often, in emergencies, clothing is supplied, as is shelter for a night or weekend. In the summer, half the staff works

or is on call at night. They will help find the mother a new apartment, the father a job, the sister a doctor. Students are never in court without an advocate representative from the school, never in the hospital without visitors. One counselor is a specialist in welfare systems; another counsels families, attends funerals and christenings, drives otherwise isolated mothers to group meetings.

Where do you get teachers like that? Most, though not all, of the teachers are young (25-30) and childless. They enjoy the kids. Their teaching and counseling skills are considerable, and constantly improving. All are college trained, and many are Harvard graduate students at the Masters or Doctoral level. Average full-time salaries are less than but near $1,000 per month. All could earn more elsewhere. After a few years, they do. The "burn-out factor" is well known to us, and we expect most to leave, both exhausted and fulfilled, after their second or third year. We are there to make up for the deficits in other people's lives. No one has the energy to do that indefinitely. Along with the enormous enjoyment are drawbacks. Every teacher has been threatened, injured by accident or intentionally; yet not one has ever retaliated in kind. No 20-year veteran could or should work at that pace. The school would die if it were obliged to provide lifetime careers. Instead, it thrives on the vitality of intense commitments. The average lifespan of the alternative school is short;

most fail within two years, but this one is now six. The principle is an unsettling one for schools and professional teachers: is some sort of rotation or respite necessary to maintain vitality? We think so.

We have done well, and can do better. We are investing aimless and cynical kids with a sense of their stake in the future and with a sense of self-worth. They gain a facility for sociability, an awareness of procedures of justice and group decision, and a general feeling of competence. The subsequent reduction on crime in and outside the school is considerable, partly because we reduce the crimes against our kids. Competent people are citizens, not such easy prey.

In the development of competence, we sometimes seize upon any sign of ability. However, the second part of this article deals with a particular effort carried on at the school to promote a specific sense of competence: development of empathy and compassion, and of an ability to care for those more helpless and needy. We believe that the drive to achieve this particular competence is one of the most important in human development. Can "bad" kids do good? Will it change them?

Part Two

Introduction

The Childcare Apprenticeship Program was a three-year experiment in cross-age intervention. Delinquent and disturbed adolescents worked with much younger children. Some of these younger children were from the same neighborhoods as the adolescents, others from clinical day programs for autistic and schizophrenic children, and still others from community centers. The Program's conceptual base was empathy, in its broadest sense (the responsiveness of one individual to another), as distinguished from related processes such as sympathy, projection, and identification. We were seeking the enhancement of prospcial behavior on the part of adolescents generally considered acting-out, antisocial, or too troubled for such responsibility.

The experiment was very specific, very demanding, and, in some respects, risky despite close supervision. "Empathy," we felt, with its strong role-taking component, would have more chance of developing in these adolescents if they were allowed to choose or suggest the child, setting, or mode which they preferred. All of the adolescents had a wealth of childhood traumas and deprivations; therein lay the potential for empathic links with similarly deprived children. "I know what he's been through," said one girl when asked why she spent so much time with her child on the Program. "I've been there."

Research implies a relationship between healthy personality development and the acquisition of empathic responding. Empathy is associated with moral development and with concern for others. "High perceived similarity" between subject (adolescent) and stimulus (child) is also cited as an important variable in the empathic process. By this term, it is generally meant that, along important dimensions, adolescent and child would have to feel commonality if an empathic relationship were to develop. Some studies even suggested pairing by culture and gender were desirable; e.g., a Black female adolescent should be paired with a Black girl. There is, however, much disagreement in the field concerning the definition of empathy and therefore how to measure it.

Another school of thought finds the cognitive and developmental aspects of empathy most important, stating that it is gained in discernible stages, with perspective-taking and accurate understanding being critical elements. The ability correctly to perceive the plight of another is viewed as a crucial element. A still different view is held by researchers stressing the affective components of empathy. While conceding the necessity for a general understanding of another's problem, this school sees the willingness to act on behalf of the other as a critical measure--or at the very least, the expression of having been affected by his or her situation.

Naturally, there is an interaction between understanding and acting; if a person lacks the capacity cognitively to process and comprehend another's distress, then it is difficult to expect an empathic response. There is no awareness of the need. It is possible for an individual to be so severely disturbed as to be unaware of the emotional need of another, when that person's own egocentric needs outweigh consideration of anyone else's feelings. But we were not concerned with this. Our task was to explore the childcare potential, both in a therapeutic and in a prevocational sense, of acting-out, troubled adolescents.

Antecedents of the Childcare Apprenticeship Program

The relevance of this project to the issue of school crime is easy to see. Our School is a day program. A key area lacking in the Program remained the middle and late afternoon. We tried a number of flexible scheduling methods, but none really worked. It is important for special-needs adolescents to "get up and going" in the morning, out of the house and out of the environment which may be both depressing and even dangerous for them. Starting school at 11:00 a.m. and continuing through the early evening was effective only for the oldest students who were ready to graduate and really used the morning for job hunting or housework. For the 12- to 15-years-old range, their time of most alert performance and best behavior was morning. By noon, things began to break

down, lunchtime being a breeding ground for fights. The early afternoon was dominated by the staff struggle to keep the adolescent's interest and concentration. Tension release can be provided in recreational and field trip activities, but even so, it was the period between 2:30 and 6:00 p.m. which seemed to harbor the most potential for school crime. The internal rhythm of these youth is such that by midafternoon they need to be actively occupied, especially if they have been sitting all morning doing classroom work.

If not, it is amazing how fire extinguishers in remote hallways get discharged, how graffiti gets scribbled on walls, and how cars in the large adjacent parking lot get vandalized. A need is being expressed, one which we often are unable to meet. By the end of the school day staff must have a break, to prepare materials for the following day's classes, to visit parents of students, or to find a moment of peace for themselves. It is not reasonable to expect them to mount a whole fresh afternoon program.

Yet the need remains. Our adolescents frequently told us that between 3:00 and 6:00 p.m. was when it "all happened" in their communities, when whatever was going to happen that night was set up. They also had little reason to go home--home to what? The caring, acceptance, and nurturance was here, at the School. But we were telling them that the fountain was shut off at 3:00 p.m. Absolutely necessary for our own sanity, but clearly provocative of reactive protest, which is exactly what we got.

Our concern here is with that portion of school crime which can be addressed by alleviating some of its causes--boredom, feeling of worthlessness, and lack of opportunity for responsibility among them. One answer was the creation of a strong afternoon program. It has two components. The first is the student employment program, in which adolescents were gradually trained to assume genuine responsibility for maintenance and sometimes repair within the School, Xeroxing of classroom materials, receptionist tasks, and limited supervised bookkeeping.

Another area of work which is tremendously understaffed, where the need is overwhelming and urgent, abd where the role of a beginner still involves demanding, absorbing, direct service is childcare. We did not come up with this idea; our students did. Older adolescents who had been with us since the beginning asked for summer jobs working with children. This seemed fairly straightforward, and we placed several as teacher aids in daycare centers. We funded the positions out of student employment money for a weekly amount less than $20. It seemed natural enough to us; there is a tradition of adolescents--usually girls-- volunteering in city summer programs at pools, or working at camps, or becoming "candy-stripers" at local hospitals. The initiative of our students happened to coincide with that of another program for younger autistic children which had requested the use of some of our vacant classroom space during the summer. We agreed, provided they hire three of our

students as trainees. From this pilot experience grew a large Program involving 35 individual adolescents and 33 children with intense, supervised playroom and general childcare experiences, and many more in five daycare centers across the city.

Even at this first stage, we had many misgivings and apprehensions. So did the clinical services committee of the large metropolitan mental health center in which our school is located. Some psychiatrists were aghast at the idea that adolescents with significant clinical histories and court involvement, would be working closely with extremely needy children. How could they possibly be responsible enough to care for a child? Furthermore, parents had entrusted their children to the Center's care because of demonstrated professional competence and expertise in dealing with autism. How would they react to the sight of blue-jeaned kids working with their children? We are not mocking these concerns. After all, some of the professionals who had to approve the idea had not only helped refer the adolescents to our private facility, but were also liable for their public clients. We had no answers. Another caution was raised: wouldn't the adolescents be threatened ("freaked" was the more precise word used) by the bizarre behavior of these children, in some cases not that much younger than themselves, and attending the same mental health facility? Wouldn't it serve to remind them that they, too, must be "crazy" to be here? Are they sufficiently

different to perceive themselves as healthier than the children they were to help?

Since no one had any particular expertise in cross-age work of this sort--this being definitely not like public school "youth-tutoring-youth" projects of the 1960s, peer counseling, or placement of "normal" adolescents with "normal" children--it was agreed to go ahead only with guaranteed strict and close supervision.

Results

A description of the Program is provided herein,[3] but in this effort, form followed function, and we would like you to consider some of the major findings first. The shape of the Program followed from some observable aspects of the pilot period:

1) With proper selection, orientation, and pairing, the more seriously disturbed adolescents proved to be the most dedicated and enthusiastic childcare workers;

2) "High perceived similarity" between subject (adolescent) and stimulus (child) existed on more important, subtle, and interesting dimensions than color and common neighborhood;

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[3] A description of the Program is available from the authors. It is reported for DHEW, Office of Child Abuse and Neglect, Boston, contract number I ROI MH29576. To be published: Duggan, E. A., Adolescence: A Second Chance, D. C. Heath, Lexington Books, 1978.

3) The Measure of Empathy used by the Program, tailored specifically for its population, was an effective predictor of potential childcare ability;

4) The preventative value of cross-age childcare as a means of increasing self-esteem, feelings of competence, and empathy for others in formerly delinquent or disturbed youth was exceptional.

The Childcare Apprenticeship Program became a source of pride and identity for a number of difficult youths who had suffered deprived childhoods. The Program became a truly cross-age experiment, with staff (outside of clinicians) consisting of three older adolescents, graduates of the School themselves, and a parent of a childcare worker. It also underlined the immense value of nontraditional, paraprofessional modes of helping, if good support and supervision are present.

No one wants to be seen as being unworthy of responsibility for another, and incapable of expressing love or affection. The cross-age idea has been implemented in many high schools, community centers, and even some prisons. Margaret Brenman, a therapist, writing about the cross-age approach presented by Joan Erikson (1976) has written:

> It should not astonish us to hear that people respond when they are called upon by someone who really needs to reach out to the best in human nature. Yet we continue to be surprised at the murderer who can tenderly teach a boy how to make a fishing pole or the suicidal patient who can imitate bird calls for the delight of her young charges. Perhaps as we look

> at our schools, our prisons, our hospitals, our nursing homes, some of our inquiry should be aimed at this surprise within ourselves.

There is solid ground for implementing cross-age therapeutic and prevocational programs in many settings. The idea of using our particular population needed, however, more advocacy and support than was required for implementation in residential treatment or in prison. With the high rate of juvenile crime, the increasing and important concern for the victims, and the startlingly low rate of success which most youth programs show, one does not find a surplus of good will toward acting-out, sometimes dangerous adolescents. Nor do they come to mind as likely childcare workers. Many, of course, are not. But a great number are, for reasons we shall show here.

Rationale

One of the most significant aspects of the childcare approach is its active and interactive nature. Many of the adolescents who worked on the Program had a profound mistrust of psychiatrists, acquired over years of being seen in court clinics or therapeutic visits. They felt judged, criticized, and disliked. Often they simply did not understand the questions being asked, and the interviews were usually brief. In therapy or counseling at the Robert White School, they experienced a more client-centered approach, emphasizing relationship formation, acceptance of the person as more than his or her behavior, and congruence--they are genuinely liked and cared

about, despite their efforts to push people away, and their pain is shared. Nevertheless, therapy may be a salve for the wounds but not a cure for adolescents whose childhoods and environments have been so damaging. Attaining self-esteem, a sense of competence, and an ability to relate to others' feelings are not short-term personality goals. The advantage of an experience like the Childcare Apprenticeship Program lies in the actual demonstration of competence, the assumption of responsibility, and the consensual validation of self-worth which comes not only from an empathic counselor's encouragement, but from feedback given by the child, the supervisor, and peers. To be helped in therapy, it is important to accept and like oneself. But if one's lack of verbal skills and lack of experience with disclosing feelings render "talking" therapy too agonizing, feeling one's own competence, and seeing it reflected in the trust and affection of a child and his or her parents can be equally valuable.

One might view these adolescents as having dubious potential for <u>giving</u> nurturance and support to a child when they, as children, were often harshly neglected or openly abused. From a psychodynamic standpoint, an extreme amount of egocentricity would be seen as normal in an adolescent who has never had enough, does not now, and must struggle to survive. Indeed, in relationships with significant adults at the School and in counseling, many students do have

insatiable needs for warmth and attention, inevitably leading to disputes and conflicts when they must share friendship with other adolescents. From a psychoanalytic view, it is hard to imagine these youth as not being forever marked by their early harsh treatment, remaining bitter, hostile, and relentlessly needy unless therapy can intervene. This line of thought sees personality as basically formed by age five, if not three, and adolescence as a time of sweeping resurgence of earlier unresolved sexual and identity conflicts. However, there is striking potential for change, growth, and the development of new responses.

Gordon Allport (1955) wrote that a "generous minimum" of security was required to help start a child toward a productive lifestyle. The child who has successfully obtained gratification of his or her needs learns "more readily to accept himself...and handle the conflicts of life in a mature way," whereas the child denied this minimum experiences a desperate need for security, betraying this by continual demanding, expressions of jealousy, and acting-out, sometimes becoming a juvenile offender. For those whose emotional disturbance shares this etiology, Allport has said:

> Aggression and hatred...are reactive protests aroused only when affiliative tendencies are thwarted. A patient in treatment, we know, makes progress toward health in proportion as his resentments, hostility, and hatred lessen, and in proportion as he feels accepted by the therapist, family, and associates. Love received and love given comprise the best form of therapy. But love is not easily commanded

> or offered by one whose life has been marked by a protest against early deprivation. (Emphasis added)

Our interest was in those troubled adolescents who had basic affiliative potential, despite their current behavior, and whose disturbances were primarily reactive and situational (though not temporary--they had been in the same situation for years). The authentically psychotic adolescent was not a target for our intervention, and our practical experience showed that psychotic or genuinely criminal adolescents constitute only a small part of our general population. We are underserving their emotional needs if there is no outlet for positive change, working through childhood and adolescent emotional needs, beyond the limitations of one-to-one therapy. The problem was how to identify those adolescents, despite their very serious histories from a clinical and/or a delinquency standpoint, who could have potential in working with others? And how could we guarantee a mutually beneficial experience for both child and adolescent? The children were equal partners in the process; a critical shortage of daycare services for the families existed in the communities we served, and it had been part of the Program's original mandate to create such services.

The Prepilot Experience

We were not totally in the dark about where to begin looking, or which qualities were important. Our "prepilot" experience provided some clues (excerpt from retrospective

interview with one of the first childcare workers):

> Subject: I have got patience. A lot of patience. Because if you don't have patience then you aren't going to be able to do nothing. You're gonna quit a job like that. You just won't be able to handle it.

The girl, Jean, had been referred to the Robert White School because of fighting, swearing, refusing to obey teachers, and even occasionally assaulting them. Slightly built, attractive, with a combination of gentleness and toughness familiar to youth workers, Jean had not shown the difficult behavior for which she was noted. Bright, with no major learning blocks, she scarcely resembled the adolescent described in her referral forms as she spoke of her experience in the formative stages of the Program:

> Interviewer: Was there anyone that stands out in your memory from the childcare effort?
>
> Subject: There was one girl in particular that I worked with every day, teaching her how to spell her name. Writing things on the board and having her read them...

Jean had worked for a clinical program which dealt with schizophrenic and autistic preadolescents. The comments from her supervisor had been encouraging, concluding that she "would like to see Jean continue in this kind of work since she has demonstrated great promise in the field." She noted Jean's enthusiasm and sincere interest in the children, saying "(Jean) was aware of and appreciated the individual differences and needs of each student and displayed great patience in all of her interactions with the children."

What was going on here? This acting-out, troubled girl had shown a side of her potential which was untapped, either therapeutically or vocationally. The answer was not very complex: Jean gained the same things we all would like from work--a sense of her own abilities and competence, and a feeling of self-actualization. What she was doing had meaning to values she believed in:

> I: You like to help people?
>
> S: Right. I like to be with people because I feel a lot more better than when I'm "working"--like slinging hash or something like that. (The children) have a learning problem, and they do need help. I'm really happy to do it. That's my own view on <u>that</u>. I do enjoy working with them. People tell me I'm crazy and everything else for working with people like that, but if everybody felt like that, there'd be no one to help them. And people do need help. You know, myself--(laughs) I need help too, because I'm not all there completely.

Beyond greatly <u>enjoying</u> working with troubled kids, Jean also learned that she was quite skilled, and that she was noticed for her talent. The <u>specific experience</u> of being able to reach one exceptionally difficult girl was rewarding to her. This theme was later to be echoed by another adolescent childcare worker: pride at being able to reach--on a warm, sensitive, intuitively sharp level--certain children with whom professional staff simply could not make contact.

> I: Could you tell us something about Diane, the girl you worked with so much?
>
> S: Well, when working with Diane, I had her writing her name on the board without having to give her any treat after each letter...

I: When you first started she had to be persuaded to do anything with yoghurt, or some kind of reinforcer?

S: Right. And then I got her so she did the whole thing all the way through without needing yoghurt. It was very good because when she first started she had to have it after everything she said.

Part of what gratified Jean was the establishment of an emotional relationship with this girl, so noticeably lacking with professionals:

I: Why do you think you were able to do this with her?

S: Well, she felt a lot more relaxed, and I tried to be really nice to her and I explained to her--it's good for you...more on her own level, kind of my own, so she did understand what was being said and what it meant...

Jean knew that she was a special person in Diane's life. She is rather more modest than some other childcare workers we shall hear from about her talents:

I: Do you feel she liked you especially?

S: Yes, I do--because she always came right to me. I'd walk right in the room and she'd come right over to me, which was very unusual 'cause she wouldn't do it for any of the other counselors. She was a very shy girl.

I: Do you think there was a difference between the way she reacted to you and the way she reacted to the other counselors?

S: There was a difference.

I: Did they ever tell you that you were considered one of the best people who ever worked with her?

S: Yes, they did.

Jean was from a rough, militantly all-white area of the city. Many of her peers were prejudiced against Blacks to the point where it had become unsafe for a Black person to walk through Jean's neighborhood. Yet she showed great ability to work with this Black girl, and became repsected by the regular staff. They asked her to stay on with their program because of her ability to set limits on the girl's abusive behavior, and also because of the fact that Diane had obviously found a responsible friend in Jean, who attributes her success simply to relating to Diane "more on her level."

The case for paraprofessional helping has been argued effectively elsewhere, to the point where its value is generally recognized within limits. We learned more important things from Jean, and from three other adolescents whom we followed closely. They, too, had expressed an interest in childcare training and were shortly to graduate. They, too, had physical and psychological deficits labeled and well-chronicled since childhood but scarcely treated before they came to the Robert White School. In general, we found that obviously troubled youth could be excellent teacher aids, childcare assistants, and daycare trainees. They had to be supervised, reminded forcefully about the strange importance adults place on things like schedules and showing up to work. They had to be encouraged and never taken for granted, for their interest in the work was directly related to the recognition they received as being trustworthy, as being wanted. These, of course, were

not youngsters who were accustomed to being asked to help; they were far more used to eing excluded than to being included. Often they still could not quite believe it, and were very sensitive to criticism of their work with a child.

We also found that the more we asked of them, the higher standards we sought them to aspire to, the more responsibly they acted. We did not have to "walk on eggshells" with them because of the severity of their past problems. Nothing would have been more hurtful to them than to feel that we found what they did "surprising" because of their emotional handicaps. If they did not follow through, they expected to be disciplined. Furthermore, only one of them ever acted out in the presence of the child with whom they were working, no matter what they said or did to us as their counselors afterwards. This, of course, is the base line of all such cross-age experiments, and is often the unspoken fear that causes professionals to be wary of such efforts; what if these adolescents act out in front of the little children, and display their pathology to the point where the children are jeopardized? This is a reasonable fear, and professionals must find the dividing line between adolescents who can and those who cannot be childcare workers. Rarely, as the Program unfolded over the course of three years, did a childcare worker ever act out in front of a child. This was in large part due to careful selection which is the sine qua non of the entire approach. The same variations in personality, severity of problems,

integrity, and willingness to respond to help exists within the group of adolescents considered emotionally disturbed and/or delinquents as exists within the larger population of so-called "normal" youth.

We learned this over time. However, at the conclusion of the prepilot year following four students closely, we needed some way to predict the likely appropriateness of an adolescent as a childcare worker before starting. Obviously we could not begin the formal pilot and Program experiences with little children as the guinea pigs; they were as much clients as were the adolescents.

The Measure of Empathy

It was clear from the background and multiproblem nature of out adolescent population that some would not be suitable as childcare workers. Their conflicts and difficulties might dominate the relationships, the intensity of their own emotional needs leaving them little to give the children. We were seeking adolescents who genuinely liked children for themselves, who had compassion and empathy with little opportunity for expression, and who were currently drifting without much sense of what they wanted to do. The service aspect of their work with the children was the most important, for we would run an active and demanding daycare program in the afternoons after school. Yet their own childhood experiences with deprivation also offered therapeutic potential as a means of understanding the children's needs. We hoped for them

to have a chance to recapture some of the experiences of childhood which were positive--or, for some, to share in children's play which they had never known. Perhaps Joan Erikson has said it best; while lamenting the pain associated with the exploration of childhood in formal therapy, she notes the potential value of the cross-age nursery school approach:

> (Too often) the richness of childhood is forgotten and <u>not</u> re-evoked--the sensuality, wonder of perception, curiosity, and the fearless spontaneity of creative play. These wonderful plusses had been repressed as firmly as anxieties and along with them, because the experiencing of both had been interrelated.
>
> The problem which we must resolve in how to lead individuals back to this rich area of experience--the daring to perceive--to enjoy sensual relationships to things--to have the courage of abandonment in spontaneous creative play.
>
> ---Activities Staff of the Nursery School Project (p. 167)

The cross-age childcare experience truly provided this chance, and we were quite definite about the kind of program we wanted, which would provide creative and spontaneous free play, within a structure in which <u>both</u> troubled adolescents and children could interact without apprehension. But what criteria could we use in selecting the adolescents? Many applied when it was announced at the School that we would be having a small daycare project in the afternoon. We had come to know them over the years as individuals, and as members of their communities and families, but this was not enough.

The Measure of Empathy, idiosyncratic as it was, most useful when combined with much individual observation and experience with a particular youth, proved to be quite a reliable predictor of success within the Childcare Apprenticeship Program. However, it should be remembered that most standard measures of intelligence and projective ones of personality or emotional state show populations such as that of the Robert White School in distorted and inaccurate numbers. Such profiles neither capture their genuine strengths and extraordinary coping skills in the face of authentically disturbed environments, nor point out their weaknesses in useful ways. This complaint is echoed by many youth workers who seek in vain for measures which even reflect accurately their own hard-earned understanding of an adolescent, let alone which illuminate the inner workings of a delinquent or disturbed youth.

The Measure of Empathy does, because it was created directly from the concerns and conflicts of the adolescents, as heard over four years of counseling. To adults, the first story used may seem simplistic and naive, the last, more political and psychological. But throughout all administrations of the test, not one subject complained or expressed dislike for the experience.

The test takes a neutral position on the cognitive/affective debate in empathy research; both aspects are important and revealing. Concerning stage theory, while essentially agreeing that there are stages--cognitive, affective, and

probably even motor--in terms of facilitating or limiting the expression of empathy when applied to the acquisition of empathic responsiveness, it does not hold up particularly well for this population. Development has gone awry. These adolescents have missed some emotional building blocks, such as basic trust, altogether. They may have reached chronological adolescence without appropriate physical development, due to malnutrition. They may respond on a concrete or even preoperational stage in one area, while showing potential for abstract thought and formal operations in another--their comments on moral development issues versus empathic ones being a case in point.

Three stories, tape recorded and played to the subjects, comprise the test, which is followed by the same five question for each. Story "A" is certainly the base line of empathic awareness: A child raises a young puppy in the projects, nurturing its healthy growth, only to have it disappear one night due to the carelessness of an older sibling. The second story taps family issues of feeling unappreciated, wanting to contribute but never doing it "right," and lacking money. It is a story familiar to our kids, e.g., having no cash for Christmas presents, feeling pressure not to be the "bad" one in the family who never succeeds, and competing for parental approval. Most of the adolescents had experienced the despair and hurt of losing a pet, or at least something precious. At their age, the feelings around family and failure within it

are very powerful. The last story was difficult for the younger (age 12) potential childcare workers to grasp, just as the first one elicited fairly stock answers from the oldest ones (age 19). It concerned on adolescent and grandparent failing to understand each other's needs. If the childcare trainee could not relate to any of the stories, that individual was inappropriate as a childcare worker. If only one particular story drew a reaction, there was no substitute for personal knowledge of the adolescent in determining whether this was a function of overidentification with real-life events or an accurate measure of empathic potential.

The five questions were as follows:

1) How do you think the character in the story feels?

Basic cognitive accuracy in terms of perceiving the issue at hand is sought here. Is the adolescent at least understanding what is going on? If the subject says "happy" about the loss of a puppy, that suggests problems.

2) Have you ever been in that situation?

The degree of identification with the plight of the character in the story is at issue. Is he or she experiencing something very similar at the time? That is important to know: if he or she has never experienced it, the answer to question three is even more interesting.

3) If you were in the character's place, what would you do?

This is a more direct role-taking question; to be unable to respond is not necessarily a condemnation, but not to bother thinking about it, or caring, is a negative indicator.

4) How does it make you feel to think about it?

The degree of affective response, how much the adolescent is moved by the situation, proved to be more than a reflection of the quality of the story.

5) If you were the character's friend, and you knew how he or she felt, what would you do?

This very direct role-taking question was extremely important to us.

The significance we attached to the last two questions is symbolic of our Program's whole approach to empathy in working with troubled adolescents. Empathy is a prosocial quality, and promoting it means promoting concern for others no matter how harshly life may have treated oneself, encouraging empathic responding means removing the interpersonal barriers and anonymity which make antisocial acts easier. We believed that working in the daycare situation under close supervision would extend the opportunity for these adolescents to be rewarded instead of ridiculed for their person-centered qualities. It turned out also to have an effect on their overall attitudes toward school. They had more of an investment in not being suspended for acting-out, and teachers noticed their pride and interest in the Program. But these were adolescents in whom we had already identified strong human-services potential. To create empathy where none is indicated is another matter and beyond our scope. We needed a "reality check" on out testing and personal impressions, which was the designated purpose of the Orientation and Trial Period described next.

Orientation and Selection

To those contemplating the cross-age approach with troubled adolescents, there is no bypassing a substantial and careful entry process. The program is not for everyone, and that must be made clear to the applicants from the outset. When it was, during the first actual "pilot" year, we obtained the most dedicated and long-working childcare trainees of the whole 36-month rogram life. The childcare procedure resembled "trying out for a team," and that was good; it raised the status of taking care of children in the eyes of tough, street-hardened kids. They had to prove their responsibility for this project, and, if they did, we would come to them to request their services. Until then, they were being observed.

What we were actually trying to assess during this two-month period was motivation, not level of acting-out behavior (which we were not convinced was negatively correlated to childcare potential, in and of itself) or of skill. Prior level of acting-out had little to do with childcare potential. What mattered was real interest in working with a child, since supervision would always be available. Thus the orientation period consisted of three types of activities:

1) Group meetings. We discussed our own childhood impressions, the ways in which children differ from adolescents just as adolescents differ from adults, and awareness of the needs that little children may express, from being afraid of the Robert White School environment to having

urgently to find a toilet in the middle of a field trip to the park. Those were taped and videotaped, all by students themselves.

2) Practice field trips. Sometimes by themselves with a staff member, or often with a child from the community, potential childcare workers visited Boston-area museums, zoos, puppet shows, and general children's activities, to gain an appreciation of how an activity differs when one is no longer concerned with just his or her own needs. Students then had to give oral or written reports to staff members, and to discuss the suitability of various trips. In the course of this some interesting sidelights on traditional institutions were found. For instance the future childcare workers were in many cases, similar to their future charges in their reading abilities and the students found the media room of the Public Library with its earphones and children's records to be popular choices.

3) Role-playing. This was an intriguing way for the adolescents, most of whom had done extensive baby-sitting at an early age, to express their knowledge of children's feelings and views of the world. "My name is Sandy and I'm six years old and I don't like big kids because they use bad language and they fight and I'm scared they might hurt me if I'm around," wrote one 17-year-old trying to see the Robert White School ar lunch hour through the eyes of an imaginary visiting child. Later, potential trainees also wrote practice

letters to the parents of children with whom they might be paired.

Selection of the final 12 childcare workers out of 19 serious applicants and 27 students involved in the orientation process was ultimately not that difficult. Students whose reaction to the Empathy Measure was energetic and caring and who were demonstrably trustworthy with children were offered the positions. Pay was the same as that for all other student employment at the School, $2.50 an hour, and students were scheduled for two hours each afternoon they worked (minimum twice weekly). They were given permission forms for their parents to sign, followed up by individual conferences with every parent and adolescent involved with the Program. An Overview Committee serves a watchdog function, with the power to close down the Program and to monitor it unannounced.

This orientation time, roughly 10 weeks, reached far into the Program's future. Of the original 12 childcare workers, 9 were still with the Program two years later. The Orientation period had confirmed our belief that, despite hard and sometimes cruel childhood experiences, many troubled adolescents wanted to give love and attention to children, and were able to do so responsibly.

Program Description

A total of 34 Robert White School students--some briefly, others for as long as all three years--worked with us in the Program. Childcare workers were individually assigned

to 28 children during this time. Eight field settings were explored, four of them using Robert White School workers on a regular basis by the end of the Program. Four childcare workers became nonclinical staff, all graduates of the School, two of them attending local colleges. The paraprofessional staff included one parent of a student. Following the official "pilot" year of the Program, funding was obtained from HEW through the Boston Office of Child Abuse and Neglect (reference number ROI MH29576).

Children were enrolled in the Program from three sources:

1) the adolescent childcare workers, who were encouraged to think of a child in their community with whom they would like to work, and to whom they were willing to make a serious committment;

2) a clinical daycare or therapeutic program, which was interested in having a Robert White School adolescent work as a trainee, as Jean's position was described earlier;

3) a parent of a child, who actively sought to have his or her son or daughter join the playgroup and be assigned as adolescent childcare worker to be responsible for providing activities twice weekly, under supervision.

The crux of the experience remained the playroom interaction. The playroom was open from early afternoon until 5:30 or 6:00; three adolescent/child pairs per day worked there. The entire back section of the School was eventually cordoned off, and two additional rooms annexed to accommodate

finger-painting materials, magic shows, gross-motor activities, reading readiness, tower-building with blocks, puzzles, toy trucks, collages, and cake parties. It was not unusual to see an autistic child, a terminally ill young boy with multiple handicaps, and several children from the streets of the community playing together in parallel and often cooperative fashion; they were occasionally joined by staff members' children, and always supervised by clinical staff and the student coordinators. For the children, it was a rich experience, having adolescent childcare workers, who specifically wanted to be with them. From the playroom, field trips and home visits were made regularly.

The placement of childcare workers at daycare centers required at least two weeks prior observation in our own playroom. Those adolescents who chose to move out into independent settings were usually a bit different from the playroom devotees, tending to show fewer clinical problems, more sense of prevocational mission, and less need for a special one-to-one relationship with a child. The success of the daycare placements was mixed, depending on the setting. The most important variable was whether the adolescents were really needed; they would willingly travel across half the city to a setting in which they truly felt wanted, welcome and useful. They would not go five blocks if they felt merely tolerated, and used for errands. Several clinical placements had excellent success with adolescent childcare workers. Community mental

health centers are good sites because they have realistic expectations of troubled youth, and appreciate the contribution they can make.

Pairing must be done extremely carefully, with a trial period as long as six weeks. We found that much fostering and encouragement were usually needed in the beginning, but when a pair was well matched, solid and lasting cross-age friendships were formed. For the adolescent, working with a child in his or her own community, the gain in self-esteem and sense of competence were marked, partially because family and friends saw the youth in a new light, and showed new respect.

The Program comes alive most in the words of the childcare workers themselves, some of whom established strong rapport with kids so different from themselves that the concept of "high perceived similarity" as any kind of precondition seemed farfetched. Yet, upon later reflection, these mutually constructive relationships were not really the result of random good fortune, but of deeper levels of common perceived need.

Joan

Joan went on to become a salaried counselor at her placement. She was extraordinary and her story is worth studying. Joan was considered a very disturbed adolescent when referred from her residential group home to the Robert White School for a day program. She had shown a mixture of

emotional and delinquency problems, but her acting-out behavior was not criminal or pathological in our eyes. Joan strongly requested to work with an autistic child. She was eventually paired with a white, middle-class, five-year-old boy who functioned in most areas at the 18-month level. None of this intimidated her in the slightest. Joan's assumption was that Kevin had the same emotional needs as she, and probably the same reation to being in a hospital setting:

> S: When he sees me, he doesn't see me as me. He sees the "School." (his treament facility) He sees a fucking ward that there's a key on. Where it's locked. And there's no stairs and no bedrooms. No bathroom. No living room. Nothing. What he sees is the long halls and the walls and the doors. And the kitchen. And that's all that he sees when he sees me...I represent the institution that he can't deal with. He wants a home.

The development of the relationship between Joan and Kevin had a profound effect on both their lives. Joan's freedom from diagnostic prejudice and assumptions about such children, who lack the general receptive and communication skills or "appropriate" affect expected of children, enabled her to plunge right in with Kevin. In turn, his gradual acceptance of her, over two years, from grudging obedience to open affection, was not only a therapeutic milestone for him but a fantastically valuable experience for her; Kevin was likewise free of peer criticism, judgment, and taunting to which she was accustomed.

Joan was a girl whose weaknesses had been previously

overdescribed in lengthy reports citing her poor prognosis and dim prospects. In response to being asked to care for a severely disturbed child, she went far beyond what was asked of her. Before coming to the Robert White School and joining the Childcare Apprenticeship Program, she had been called "selfish," "lazy," "unmotivated." But once given the chance:

I: Why do you want to keep working with us?

S: Because I enjoy the work I'm doing and I'm doing just what I want to be doing.

I: What do you get out of it?

S: The pleasure of knowing that Kevin is enjoying himself...

I: But why did you specifically want to work with autistic children?

S: Because I'd worked with them before and they are fund to work with.

I: Why did you like working with them so much?

S: 'Cause they needed help.

I: And you feel that maybe you've got something special with those kids?

S: Yes. They're definitely different, and when I work with them I feel like my help is useful and they can use me and I can use them. I'm doing something. I'm not just sitting there and watching someone else play. I mean, I participate in helping them in some way.

I: In what ways do you think you help them and in what ways do you think they help you?

S: What do I get from it? Well, I get a good feeling. I get a feeling that it does something to help them. And what do they get? I think they get just a little bit of love, a little bit of understanding, and a little care--especially when they're not at home.

It is also of great interest that Joan's expressive language skills increased, despite her agonizing struggle with reading. Joan experienced being sought after as competent, and being listened to because her excellent practical, intuitive understanding of these very damaged children. Wherein lay the high perceived similarity? We can speculate that because Joan had been an abused child herself, removed from home by public agencies, placed in a dreary sequence of residential programs, and never able to know a true "home" with a loving parent, she had a special ability to relate with Kevin, whose mother had rejected him. While not wanting to take anything away from Joan's performance, however, she was <u>not</u> unique in her high motivation and steady work. Nor was a shy, alternately acting-out and reticent boy, who became an inspiring and protective childcare worker for a terminally ill child confined to a wheelchair. The caretaking potential shown by troubled adolescents, usually seen only as clients on the <u>receiving</u> end of services, has to be understood from

a phenomenological, not diagnostic, standpoint. The special circumstances, supervision, or nurturance they themselves need in order to show this potential in no way diminishes its impact as a challenge to established views of juvenile delinquents and emotionally disturbed youth.

Conclusion

Selection criteria are crucial to this approach, and each implementation will, and must, differ according to the individual program and its knowledge of its clients. Measures, as entry - requirements or predictors on such dimensions as warmth or coldness, sociability or shyness, etc., abound if one avoids traditional personality instruments. Perhaps the very reason they proliferate is because of their idiosyncratic value. It may be that nomothetic testing instruments have limited use with overassessed but untreated so-called "character disorder" youth.

Insofar as school crime is reactive or situational, it reflects our own failure to provide options, activities, and demanding but meaningful programs for those who can take advantage of help. In trying to understand these troubled youth, let us at least give equal weight to a straightforward, honest consideration of what does seem to motivate them, what they will spend their time and energy working on.

As Gordon Allport (1955) wrote:

> We cannot know the young child's personality by studying his system of interest, for his attention is yet labile, his reactions impulsive, and interests unformed. From adolescence onward, however, the surest clue to personality is the hierarchy of interests, including loves and loyalties of adult life. When we know a person's ordo amoris, we truly know that person. (p. 29)

The cross-age approach can be shaded to bring out therapeutic benefits or prevocational ones, and adapts itself to a multitude of settings, populations, and supervision resources. Everything from hospital waiting rooms to cooperative nursery schools in deprived areas could absorb adolescent enthusiasm and talents, provided the spontaneous nature of the commitment and the definite need for adult presence are respected. The onus is on us, in this desperately needy and undeserved society, to provide more chances for our young people to develop and to demonstrate caretaking capacities.

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